

## **Administrative Briefing – Primary Care**

(Modify to fit your setting)

### **Who should attend the administrative briefing? Do you know their names?**

Nurse manager, staff nurses, attending physicians, resident physicians, NP/PAs, clinic clerk(s), key allied health professionals (pharmacy, social work, behavioral health, dietetics, etc.), others?

### **Where will the briefing occur?** Choose the same place to meet on a consistent basis.

### **When will you hold the briefing?** Choose same time of day (and same day if weekly).

### **How will you get key members there?** Establish a time/day when most key individuals can attend.

### **Any anticipated or current ISSUES with:**

- *Bed availability, transfers*
- *Patients:* Review patient schedule: 1) expected or unresolved care needs, 2) past issues or problems with specific patients, 3) pending consultations, procedures, 4) spiritual, family, social issues, 5) advance directives, etc.
- *Managing Backlogs:* Are there any openings on provider schedules; any cancellations yesterday?
- *Staffing Issues:* Staff sick calls; staff fatigue requiring “smart staffing” assignments; new staff orienting; scheduled procedures with staffing implications; interpersonal conflict between staff (e.g. nurse with physician); staff appointments requiring backup coverage
- *Equipment:* Training with new equipment; problems with existing equipment; biomedical engineering consultation; IS issues/changes; technical reminders (i.e. plug EKG machine in)
- *Contingencies:* Temporary equipment replacement during repairs; supply inventory; unit dosed medications / supplies
- *Actions:* What needs to be done to address the issues raised? Who will do it? When? Involve Chief of Staff? Director of Nursing? Facility Director?

### **Was the safety of patient care delivered in this clinic improved by this Administrative Briefing? If so, identify how this will occur.**